



**AGC / CALTRANS DISTRICT 10
CONSTRUCTION
MENTOR-PROTÉGÉ PROGRAM**



PROTÉGÉ APPLICATION

PROTÉGÉ APPLICATION

(All information provided is confidential and will not be shared outside the program)

COMPANY INFORMATION:

| | |
|---|--|
| Company Name | |
| Owner / Responsible Managing Partner Name | |
| Company Address | |
| Company Phone | |
| No. of Full-Time Employees | |
| No. of Part-Time Employees | |
| Any State of California Small Business Certifications your company may hold (Include Certification Number) | |

LICENSE INFORMATION

| | |
|---|--|
| California State Contractor's License Board (CSLB) Contractor License Number | |
| Type of License | |
| Business Starting Date | |
| Specialty | |

INSURANCE INFORMATION

| | |
|----------------------------------|--|
| Name of Insurance Company | |
| Agent | |
| Phone Number | |
| Insurance \$ Amount | |
| Type of Coverage | |

BONDING INFORMATION

| | |
|------------------------------------|--|
| Bonding Company | |
| Bonding Agent | |
| Phone Number | |
| Bonding \$ Amount Single | |
| Bonding \$ Amount Aggregate | |

Legal Structure of Business

- ☐ Corporation
☐ Partnership
☐ Sole Proprietorship
☐ Other

If your business has been in business three years or longer, please provide the annual gross receipts for the past three fiscal years for this business concern and its subsidiaries and affiliates:

| FISCAL YEAR | ANNUAL GROSS REVENUE |
|-------------|----------------------|
| 20_____ | \$ _____ |
| 20_____ | \$ _____ |
| 20_____ | \$ _____ |

Do you have prepared financial statements? Yes____ No____

State why you want to participate in the Mentor-Protégé Program (Attach additional sheet(s) if necessary):

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Place a check in all categories where you need assistance:

- ☐ Business Plan
- ☐ Implementation and Action Plans
- ☐ Organization Structure
- ☐ Market Analysis
- ☐ Operations Assessment
- ☐ Blueprint Reading
- ☐ Reading & Interpreting Plans & Specifications
- ☐ Scheduling & Purchasing
- ☐ Construction Equipment & Materials
- ☐ Obtaining Permits & Subcontractors
- ☐ Preparing & Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns
- ☐ Prompt Payment Procedures
- ☐ Records & Contract Management
- ☐ Troubleshooting and Avoidance
- ☐ Personnel Management
- ☐ Project Planning & Scheduling
- ☐ Accounting Records Preparation & Maintenance
- ☐ Cost Accounting
- ☐ Bonding & Insurance
- ☐ Banking Services
- ☐ Job Cost & Work in Progress
- ☐ Payrolls (Federal, State Fringe Benefits)
- ☐ Competitive Marketplace Overhead
- ☐ Analysis of Major Fixed and Variable Cost Components
- ☐ Post Award Bid Assessment of Successful & Unsuccessful Bidders
- ☐ Take-Offs

Please list the major customers or projects of the business for the last two years (the most recent first). If new business, list previous business references:

| Customer | Phone | Name | Project | Amount | Year | Type* |
|----------|-------|------|---------|--------|------|-------|
| | | | | | | |
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***Indicate whether you were (P) Prime Contractor, (JV) Joint Venture or (SUB) Sub-Contractor.**

I understand that by applying to participate in the AGC-Caltrans Mentor-Protégé Construction Program, I agree to abide by the program guidelines and Mentor-Protégé agreement, including providing information when requested and attending meetings and following through on action plans. I further understand that the AGC-Caltrans Mentor-Protégé Construction Program is completely voluntary, and that AGC and Caltrans make no warranties or guarantees, neither expressed nor implied, about the Program.

Signature

Date

Print Name

Title

Please return completed application to:

**Department of Transportation
Division of Administration – Small Business
Attention: Ms. Alicia Sequeira
1976 E. Dr. Martin Luther King Jr. Blvd.
Stockton, California 95205**

Direct Question about the program to:

**Mr. John Cooper
Delta Sierra Regional Manager
Associated General Contractors of California
3095 West, Sacramento, CA 95619
(916)371-2422 ext. 13**